



BELIZE COAST GUARD
4.5 Miles George Price Highway
Belizean Beach
P.O Box 1803, Belize City



MEDICAL APPRECIATION FORM

<p>Instructions:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Please select the option (YES or NO) that is most accurate for each question. <input type="checkbox"/> This information will assist the Recruiting Officer with a pre-medical appreciation of the applicant. Before answering, please read each question carefully. <input type="checkbox"/> Please be advice that once considered for employment, applicant will undergo a medical screening prior to recruit training. 	<p>OFFICE USE ONLY</p> <p>DATE RECEIVED</p>
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QUESTIONS:

HAVE YOU BEEN DIAGNOSED OR IS SUFFERING FROM:

- | | |
|--|--------|
| ASTHMA | YES/NO |
| DIABETES | YES/NO |
| EPILEPSY (FITS/CONVULSIONS) | YES/NO |
| HEART DISEASE | YES/NO |
| ANY KIND OF SURGERY WITHIN THE LAST THREE MONTHS? | YES/NO |
| ANY RECENT FRACTURES OR BREAKS OF THE BONE WITHIN THE LAST THREE MONTHS? | YES/NO |
| ANY OTHER KIND OF SERIOUS DISEASE? | YES/NO |
| HAVE YOU EVER BEEN HOSPITALIZED? IF YES, FOR WHAT? | YES/NO |

FEMALES ONLY:

- | | |
|--|--------|
| ARE YOU PREGNANT? | YES/NO |
| HAVE YOU UNDEGRO C-SECTION SURGERY WITHIN THE LAST SIX MONTHS? | YES/NO |

PHYSICAL EXAMINATION:

- | | |
|---------------------------------------|--------|
| ANY LOSS OF LIMBS? (LEG(S) OR ARM(S)) | YES/NO |
| ANY LOSS OF FINGER(S) OR TOE(S)? | YES/NO |
| DO YOU HAVE VISIBILTY FROM BOTH EYES? | YES/NO |
| DO YOU HAVE HEARING IN BOTH EARS? | YES/NO |
| DO YOU SUFFER FROM TOOTHACHE? | YES/NO |

APPLICANT'S SIGNATURE:

- Please read carefully before signing. **This application is not valid unless signed by the applicant.**
- Your signature on this form is your consent that all questions were answered truthfully for your consideration for employment in the Belize Coast Guard.

I certify that the information provided in this application and attachments are true and complete. I understand that if any information in this application or attachments are found to be untrue or incomplete, my application may be rejected or I may be dismissed in the event that I am the successful applicant.

SIGNATURE: _____

DATE: _____

